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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Thailand

The Executive Director recommends that the Executive Board approve the country programme of Thailand for the period 1994-1998 in the amount of $10,750,000 from general resources, subject to the availability of funds, and $12,250,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Thailand has industrialized rapidly over the last 30 years, with the per capita gross national product doubling in the last five years. Concurrently, substantial gains have been made towards achieving most of the goals for the 1990s for a majority of children in Thailand. However, during the transition, the disparities in wealth distribution are widening, the environment is being degraded and the number of children in difficult circumstances is growing. Almost 20 per cent of the country's 56 million people are estimated to live in absolute poverty, a proportion only marginally less than in 1980. Another 20 per cent of the population benefit from some 55 per cent of the national wealth. Two thirds of the population are located in rural areas, which, with their agriculture base, contribute only 15 per cent to the gross domestic product.

2. In the last three decades, the death rate of children under five years of age declined from 120 to 33 per 1,000 live births, while maternal mortality was reduced from 300 to 20 per 100,000 live births. Those successes are now threatened by the acquired immune deficiency syndrome (AIDS). By the year 2000, AIDS may cause the child death rate to be higher than it was in 1990, and it may become the major cause of death for women of child-bearing age. Around 350,000 to 500,000 persons were estimated to be infected by the human immunodeficiency virus (HIV) by the end of 1992, and there may be as many as 4 million HIV-infected persons by the year 2000. A UNICEF-sponsored study indicates that some 90,000 children may be orphaned by the year 2000. The number of HIV-infected children is rising, with around 4,000 cumulative cases projected in 1993. The Government has adopted an enlightened approach to the problem and collaborates with a number of non-governmental organizations (NGOs) and external agencies, including UNICEF. High priority is given to the control of AIDS with a government budget allocation of $45 million, four times that of 1992.

3. In contrast to AIDS, higher rates of child deaths due to more familiar causes are confined to "pockets" and linked to poverty in the extreme south, the north-east, the north, particularly in hill tribe groups, and among the urban poor, especially in Bangkok. Major causes of child death include acute respiratory infections (ARI) and intestinal infections. ARI is the leading cause of deaths from infectious diseases in young children.

4. Malnutrition among children under five years of age was reduced from 36 per cent in 1982 to 22 per cent in 1987. This impressive trend has continued since 1987, the result of several factors, including sound policies on poverty alleviation; community-based and community empowering programmes; a solid base of well-trained senior staff; and the establishment and use of nutrition information systems, including growth monitoring and surveillance. However, micronutrient deficiencies persist. Over one half of Thailand's population is believed to suffer from iodine deficiency. National surveys of iodine deficiency disorders (IDD) in selected districts between 1989 and 1991 have revealed goitre prevalence rates between 4 and 33 per cent. Iron deficiency anaemia affects about one in five pregnant women and schoolchildren, and vitamin A deficiency affects around 1 per cent of all pre-school children, especially those living in the north and north-east. The practice of

breast-feeding was declining steadily from 1975 to 1982, but has since stabilized. At present, fewer than 4 per cent of all infants are breast-fed exclusively for the first four months of life, and only 34 per cent continue to be breast-fed for up to 12 months.

5. Access to drinking water and sanitation increased rapidly from about 40 per cent of the population in 1980 to over 75 per cent in 1992. Still, diarrhoea remains an important cause of illness among young children, mainly due to unhygienic food preparation practices, low rates of exclusive breast-feeding and use of unclean water. According to a national control of diarrhoeal diseases (CDD) survey, 65 per cent of all households use oral rehydration therapy (ORT) and almost 80 per cent of mothers continued breast-feeding during diarrhoea episodes. Although over 80 per cent of households have access to packets of oral rehydration salts, only 25 per cent use them.

6. Thailand has made major advances in increasing access to basic education. Both female and male literacy rates are above 90 per cent. According to the Ministry of Education, the 1992 gross enrolment in primary education was 96 per cent. However, 15 per cent of students drop out before completing primary school, the majority of drop-outs being from ethnic minorities and the poor. The gross secondary enrolment has increased rapidly during the last few years, with 68 per cent enrolled in 1993.

7. Little gender inequality exists in child mortality, primary school enrolment and literacy. The average family size is 2.5 children, one third of the average size in 1960. This sharp decline is due mostly to the positive acceptance of contraception. Although the society has relatively fewer children to care for, mothers have had to assume greater child-care responsibilities, particularly in the one quarter of households headed by women. While civil servants now get paid maternity leave for three months and about 40 per cent of pre-school-age children attend day-care facilities, most mothers working outside the home still have to leave their pre-school-age children with poorly qualified caregivers.

8. From among the 10 million children between 10 and 18 years of age, some 500,000 are estimated to live in difficult circumstances, the majority being child labourers. Others have been forced into prostitution, live in the streets or have been abused or abandoned. Their number has grown owing to persistent poverty and growing urbanization. The Government recognizes child prostitution as a major problem and has vowed to eliminate it.

PROGRAMME COOPERATION, 1989-1993

9. UNICEF cooperation in Thailand has been closely associated with many of the country's most notable successes in child survival, development and protection: continued reduction of infant and child mortality and morbidity; universal child immunization (UCI) achieved by 1990 and sustained since then; substantial reduction of malnutrition through growth monitoring and nutrition interventions; and excellent progress in providing access to education for all.

10. UNICEF cooperation has been characterized by a flexible response to the rapidly changing environment of children and by a number of innovations in national plans and budget allocations. For example, the UNICEF-supported AIDS education project for schools was the first of its kind in Thailand, resulting in the integration of AIDS information in the curricula.

11. Over the last five years, sustained UCI rates and improved disease surveillance have led to a twentyfold decrease in polio incidence rates, and deaths from neonatal tetanus have decreased from 13 to 3 per 100,000 live births. Since 1984, there has been a fourfold decrease in the number of deaths from measles and a threefold decrease in the number of cases of measles. The Government has financed most of the expanded programme on immunization (EPI), and Thailand is now virtually self-sufficient in vaccine production. UNICEF supported advocacy, social mobilization, capacity-building, cold-chain management and national coverage surveys.

12. Since 1980, the Government has invested heavily in improving water supplies and sanitation in both rural and urban areas. UNICEF assistance to rural water supply and sanitation was directed to areas with a high incidence of diarrhoea as part of the integrated area-based programme. Emphasis was placed on health education for 65,000 village health workers (VHWs) and 200,000 village health communicators, combined with training of health staff in case management and the establishment of oral rehydration units in health facilities.

13. By 1993, all health workers had been trained in standard ARI case management and referral to health facilities, and provincial and district health officials were trained in planning, monitoring and supervision with UNICEF assistance. Since 1987, the ARI mortality rate has declined by 5 per cent, but the case fatality rates have not declined much. This lack of progress led to an assessment in 1993 which revealed that while ARI-related knowledge had increased among VHWs, more on-the-job supervision and training were needed to improve correct case management among health workers. Parents also needed to recognize the symptoms of ARI.

14. Growth monitoring and promotion have been successful in reducing protein-energy malnutrition during the 1980s and is now fully financed by the Government. An evaluation in 1991 led to a new emphasis on the poorest groups, including those in urban areas. UNICEF-supported assessments of the prevalence and gravity of micronutrient deficiencies helped raise awareness of these problems, resulting in a considerable increase in the government budget allocation for IDD. The reduction of micronutrient deficiencies became a higher priority in the national development plan for the 1992-1996 period.

15. Prior to 1992, UNICEF support to breast-feeding was limited to health education. Following the mid-term review, the Government and UNICEF adopted the Baby-friendly Hospital Initiative to encourage breast-feeding and to discourage the use of breast milk substitutes in hospitals. By early 1994, 100 hospitals had been declared baby-friendly, with one province having achieved baby-friendly status for all its government hospitals. In June 1993, the distribution of free and subsidized breast milk substitutes to all hospitals was banned. However, compliance is weak, and the marketing code is currently being strengthened.

16. Based on the emerging challenges of AIDS, the Government and UNICEF decided during the mid-term review to give priority to this problem, with greater focus on public health communication for youth, women and children, counselling, services for sexually transmitted diseases and interventions within communities, schools and factories. Innovative approaches were developed in cooperation with NGOs to reach areas and groups not yet covered by other programmes.

17. A pilot project was carried out by the Department of Pediatrics, Mahidol University, in 190 underprivileged communities in 15 provinces to promote integrated early childhood care and development for 3,000 children. Health workers and non-formal education teachers advised parents and caregivers about child health and nutrition, development and early childhood care and stimulation. Schoolteachers trained young persons both in and out of school about life skills, including child care. An evaluation has shown a positive impact for the children. However, to have an impact on nutritional status, the child's intelligence and school readiness, more inputs and longer duration are needed.

18. Basic education was provided to disadvantaged school-age children, school drop-outs, Muslim girls in the south of the country, school students on welfare and out-of-school adolescent girls. Schoolteachers and non-formal education instructors developed new approaches to make it possible for those children to attain and sustain basic literacy and vocational skills. Health and agriculture staff cooperated by assessing children's learning needs and providing vocational training. Poor out-of-school children could earn some money while improving their literacy through revolving credit systems. Supplementary reading materials such as Facts for Life were used extensively.

19. A UNICEF-sponsored research study in 1991 on disadvantaged children and youth done by the Chulalongkorn University, followed by a national conference, provided an opportunity to raise awareness about children in especially difficult circumstances - child labourers, street children, child prostitutes and abandoned children. The concern of many institutions and NGOs helped to generate a "critical mass" of political will to establish improved child protection policies and laws, including an amendment to the criminal code and the 1992 Labour Protection Act.

20. The integrated basic services programme focused on developing models for services for such groups as hill tribes in least developed areas. District-level planning and management were initiated in poor villages in 100 communities in six northern and north-eastern communities or villages. A key lesson was that the provision of services was of greatest benefit to the poorest families, whereas it was the relatively better-off who gained most from revolving funds for income generation and food production. Another lesson was the need to monitor the situation of children and women regularly.

21. The women's programme established and reinforced women's cooperative committees, with support to savings and credit schemes, village-level planning, family planning and family health services for 31,000 poor and marginalized women in 1,400 less developed districts. Sharing experiences among women's groups has been facilitated through the National Women's Commission.

22. The Public Relations Department of the Prime Minister's Office has cooperated with UNICEF to increase media attention to issues of child survival, development and protection. The purpose was to build sustainable media networks for children in the underprivileged regions of the north, north-east and south and to develop appropriate child survival and development messages. Over 200 radio and television scriptwriters and producers were trained and are now working in those areas.

23. In 1993, the Government's well-established planning capacities, coordinated by the Prime Minister's Office, joined sectoral ministries and departments with universities and NGOs to form intersectoral task forces to prepare the new country programme. The situation analysis of children and women in Thailand was used, through a series of task force meetings culminating in a national conference, to secure broad-based government commitment for the achievement by 1995 of 10 mid-decade goals related to child health and nutrition. The subsequent programme review meeting focused on child development and protection issues for the five-year cycle.

24. Lessons that emerged from the 1989-1993 period of cooperation have been applied to the new country programme. They indicate that while UNICEF assistance to service delivery is necessary only to fill clearly identified gaps on a short-term basis, a clearer role for UNICEF in Thailand is in the area of advocacy with the Government and mobilization of partners, including NGOs and the private sector. With its relatively limited resources, UNICEF can be most effective in the collection, analysis and use of information on children, with emphasis on advocacy, policy formulation and social mobilization towards the goals for children. UNICEF also can facilitate the development of appropriate strategies through support to innovative approaches and ideas and sharing of experience among local and national government agencies and NGOs.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

General resources: $10,750,000
Supplementary funding: $12,250,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources b/	Supplementary funds c/	Total
Health	1 710	1 300	3 010
Nutrition	1 800	1 700	3 500
Basic education	720	1 400	2 120
Children in especially difficult circumstances	750	2 800	3 550
HIV/AIDS	1 000	5 050	6 050
Monitoring and evaluation	1 150	-	1 150
Planning and advocacy	750	-	750
Programme support	2 870	-	2 870
Total	10 750	12 250	23 000

a/ The breakdown for estimated yearly expenditure is given in table 3.

b/ Includes $600,000 already approved by the Executive Board (E/ICEF/1993/P/L.34).

c/ Available supplementary funds are shown separately in table 3.

National goals for children

25. The national programme of action for children aims at achieving the following goals between 1990 and 2000: (a) to reduce the infant mortality rate from 27 to fewer than 17 per 1,000 live births; (b) to reduce the maternal mortality rate from 20 to 10 per 100,000 live births; (c) to reduce severe and moderate malnutrition among children under five years of age from 1.15 per cent in 1990 to 0.5 per cent; (d) to increase access to clean drinking water and sanitary latrines from 75 to 100 per cent; (e) to increase completion of basic primary education from 80 to 98 per cent; (f) to expand early childhood care and development of the three- to five-year-olds from 47 to 100 per cent; (g) to

reduce adult illiteracy from 6 per cent in 1990 to less than 3 per cent; and (h) to improve the protection of children in especially difficult circumstances.

26. Thailand also has adopted the following mid-decade goals to be achieved by 1995: (a) to increase immunization coverage of children under one year of age and pregnant mothers to 90 per cent, to eliminate poliomyelitis and neonatal tetanus and to reduce measles cases and deaths by 90 per cent and 95 per cent, respectively; (b) to reduce diarrhoea incidence among children under five years of age by 25 per cent and deaths due to diarrhoea by 50 per cent; (c) to reduce by one third the deaths due to ARI among children under five years of age; (d) to eliminate IDD and vitamin A deficiency; (e) to reduce iron deficiency anaemia in pregnant women by one third; (f) to increase the proportion of infants that are exclusively breast-fed from between 1 and 4 per cent in 1990 to 30 per cent, in addition to making all hospitals baby-friendly by 1995. The mid-decade goals in water supply and sanitation and education have been virtually achieved.

27. The Government/UNICEF programme of cooperation is intended to contribute to the achievement of Thailand's national goals for children. The programme (a) addresses the issues of disparity reduction by strengthening the delivery of basic services to disadvantaged communities; (b) builds further on the well-established system of government in the social sector at all levels; (c) facilitates planning, data gathering, analysis, documentation, operations research and evaluation for practical lessons; and (d) promotes public awareness and education for the protection of children in difficult circumstances and the prevention of HIV/AIDS. With this catalytic role, Thailand is expected to achieve all of the stated mid-decade goals by 1995 and to be well prepared by the end of the programme cycle in 1998 to move rapidly towards achieving the goals for children by the year 2000.

Programme strategies

28. Four basic, interlinked strategies apply to all planned activities and are consistent with the United Nations system country strategy for Thailand.

Reducing disparities by empowering the underserved

29. In line with the national programme of action for children, the focus will be on reaching the 20 per cent of children who belong to least-served groups and live in geographic areas where the problems are most severe - the population in the north-east, hill tribes and border populations in the north, Muslim communities in the south and migrants and slum dwellers in Bangkok and other urban areas. The focus will be not only on providing additional services, but also on empowering disadvantaged groups, especially women and children in especially difficult circumstances, to take control of those factors that affect them and their children directly.

Building capacities in order to sustain successes and reduce disparities

30. Considerable progress already has been made on the 27 goals for children in the 1990s. Building on the substantial existing capacities in both public and private sectors and at national and subnational levels, the strategy will be to invest further in Thailand's human resources, institutions, health systems and legal frameworks for those children who are hard to reach. Additional resources

will be needed and must be found principally within Thailand from government budgets and NGOs, and increasingly from the private sector and the communities themselves.

Working together to achieve the goals

31. The Prime Minister's Office and the task forces that have developed this country programme will continue to coordinate government organizations and NGOs in its implementation. All provinces and municipalities will establish similar coordinating bodies to set targets for each year's achievement of the goals. District and subdistrict officials, together with local networks, including religious leaders and such community-based organizations as NGOs, women's committees and village committees, will focus on social mobilization and service delivery to implement the programmes at the community level. Mass media, especially television and radio, which reach over 85 per cent of the population, will promote action for the goals.

Learning lessons

32. Implementing agencies and universities will document the information and lessons that have been learned through studies and monitoring and evaluation of actions taken for child survival, development and protection. This information will be utilized to influence decision-making and policy formulation at all levels.

33. The following five programmes will provide direct support to the achievement of the 1990s goals for children: health; nutrition; basic education; children in especially difficult circumstances; and HIV/AIDS. Two supporting programmes - planning and advocacy, monitoring and evaluation - have been designed to analyse and use the experiences gained during implementation, operational research and evaluations to improve coordination and information exchange. They will reinforce the other five programmes in reaching their objectives.

34. The limited resources of UNICEF will be used mainly to support the development and testing of innovative approaches and sustainable models, upgrading of capacity through seminars and workshops, social mobilization, networking for children and sharing of experiences locally, nationally and internationally. Emphasis will be placed on the health and nutrition programmes during 1994 and 1995 in order to support Thailand's achievement of its mid-decade goals. During those first two years, a foundation will be laid to achieve programme objectives in the areas of HIV/AIDS, basic education and children in especially difficult circumstances, building on the lessons learned and the successful work begun during the previous programme cycle. These programme areas will receive relatively greater attention during the 1996-1998 period.

The country programme of cooperation

35. The programme for planning and advocacy will emphasize planning for children, so that they receive first priority in all policies, services and family practices in Thailand. The programme will support the achievement of the 10 mid-decade goals and 27 World Summit goals for children. A major activity is

to strengthen the capacities of the Government and further empower civil society to plan and advocate for children.

36. UNICEF will facilitate the establishment of a National Commission for Child Development to focus high-level attention further on children's issues. Planners in the Government and NGOs will be trained to use more effectively key monitoring reports, evaluation results, costing assessments and operational research to generate increased resource allocations for the goals for children. Private enterprise and business associations will be mobilized to contribute funds and expertise to national and local children's programmes, both directly and through UNICEF. Successes and innovative approaches will be documented and shared both within Thailand and with other countries in Asia as a way of promoting Thailand's considerable expertise through technical cooperation among developing countries. In early 1994, all provincial governors, city mayors and the Thai Red Cross leaders will convene a series of meetings to share experiences and to plan for provincial, district and municipal plans of action on the mid-decade and decade goals.

Health

37. The programme will focus on a more equitable nationwide coverage of EPI, ARI and CDD services so that disadvantaged children in underserved groups in the north, the north-east, the south and in urban areas will be reached. Village women's committees, religious leaders, health volunteers and communicators will mobilize all families to demand and use health services for their children. Thailand's well-developed primary health care system will be the primary vehicle to respond to the increased demand for and delivery of services.

38. The EPI effort will focus on increasing coverage in underserved provinces and unreached "pockets", particularly migrant groups, through mass immunization campaigns and social mobilization to increase demand. All traditional birth attendants will be trained in these provinces to ensure clean delivery to reduce the risk of neonatal tetanus. For the whole country, health staff in the 76 provinces will be trained in improved disease surveillance for poliomyelitis, neonatal tetanus and measles. The routine monitoring system will be strengthened at district and provincial levels.

39. Effective CDD depends mainly on child caretakers taking appropriate action. The aim of increasing the use of ORT to 80 per cent of diarrhoeal cases will thus be addressed by reaching almost all families and health facilities with the knowledge and skills to apply correct case management. Parents will learn from women's committees, village leaders, health volunteers and NGOs about the importance of ORT and continued feeding and of improving such hygiene practices as hand-washing, the use of clean drinking water and safe disposal of excreta. Radio and television communication and "child health days" will reinforce the training. The network of rehydration units in health facilities will be sustained and expanded in the southern and coastal provinces, where the incidence of diarrhoeal disease is highest.

40. Health promotion and service delivery for CDD and ARI will be integrated at the community level. The main strategy to control ARI is to empower families to identify the early signs of pneumonia and to take action on timely referral. The focus in 1994 and 1995 will be on the training and retraining of about

12,000 health volunteers on how to assist and train parents. UNICEF will support the establishment of 10 regional units for ARI therapy and training in high-risk areas in the south. A research study will be carried out to identify those risk factors and to develop appropriate strategies for the areas. Around 3,000 government health staff and 4,000 private doctors and pharmacists in 14 provinces will be trained on correct case management and the appropriate use of drugs.

Nutrition

41. This programme will focus on decreasing the percentage of children and mothers who have an inadequate intake of essential micronutrients and on increasing rates of breast-feeding. IDD will be virtually eliminated through the iodization of all salt. The Ministry of Commerce will train local salt producers on how to iodize salt, and the Food and Drug Administration Division will monitor correct salt iodine levels. The Ministry of Public Health will monitor that salt producers follow the 1993 regulation that all salt be iodized and will also create awareness of the need to consume iodized salt among at least 95 per cent of the population. Initially, iodized oil supplementation will be given in a few high-risk areas.

42. The extent of the problem of vitamin A deficiency will be identified in high-risk "pocket" areas in five southern provinces and in the north and the north-east. All health staff and volunteers in those locations will be trained on how to prevent vitamin A deficiency through appropriate dietary habits and also to plan health education programmes in their communities. Nutrition media campaigns and model home-gardening will be used to reinforce the impact of the training. Vitamin A capsules will be distributed during EPI and growth monitoring sessions to all children in the high-risk areas and to all malnourished children countrywide.

43. Exclusive breast-feeding of infants during the first four months of life will be increased from 4 per cent in 1992 to 30 per cent by 1995. To achieve this, all 766 government hospitals will be made baby-friendly. The ban on free and subsidized distribution of infant formula in hospitals will be enforced. Public and private sector support will be mobilized to enable 70 per cent of all women to breast-feed. "Mother-friendly" workplaces also will be promoted.

44. In order to support the national goal of reducing the incidence of iron deficiency anaemia among pregnant and lactating women from 20 per cent in 1990 to 13 per cent by 1995 and 10 per cent by 1998, daily supplementation of iron capsules will be provided for at least four months to 80 per cent of all pregnant women by 1995 and to 100 per cent by 1998. The women will be reached during antenatal care sessions. The long-term strategy will be to raise public awareness of specific locally available foods. This will be done by carrying out operational research on local iron-rich food and food traditions and by subsequently involving teachers, health staff volunteers and Buddhist monks to promote the consumption of iron-rich foods. In the south, where hookworm infestation is a major cause of iron deficiency, the same communicators will be trained to promote sanitary and hygienic habits as well.

Basic education

45. The basic education programme will focus on advocacy and support to develop and promote innovative educational strategies to reach disadvantaged children in 217 communities in the most deprived rural and urban districts of 16 northern and north-eastern provinces. Two closely linked thrusts will be implemented: early childhood care and development and basic education for disadvantaged groups. With over 80 per cent of children completing primary school, there is now a need to focus on the relevance of basic education and on the preparation of pre-school-age children in order to achieve high-quality primary education and to further reduce drop-out rates in the first years of primary school.

46. Early childhood care and development will improve the quality of basic education by enhancing the physical and intellectual potential of three- to five-year-old children. Activities will be coordinated by government organizations and NGOs. Village child development committees will determine what kind of early childhood care and development and basic life skills should be developed in their villages. The activities are community-based and include parents' education for improving care and interaction with their children, enriching the home environment and promoting the use of health, nutrition (particularly growth monitoring) and education services. Community-selected child attendants will assist in coordinating the activities, training parents and creating favourable learning environments. About 20,000 children and their parents will be reached, and about 2,000 child monitors will be trained to monitor the situation of disadvantaged children and child rights in villages by covering 10 to 20 families each.

47. Formal and non-formal education activities will be linked through the project for basic education for disadvantaged groups. The aim is to increase the relevance of basic education for underprivileged children by including life skills and child rights in the curricula. Models will be tested in a pilot project covering 6,000 children before being considered for national policy for replication nationwide. Studies will be carried out to improve education management and to identify special approaches for children who have learning difficulties, mild disorders and disabilities.

Children in especially difficult circumstances

48. The programme for children in especially difficult circumstances will address the problems of children who are forced into prostitution or who are economically exploited and abused through child labour. Support will be provided for advocacy and social mobilization related to implementation of the Convention on the Rights of the Child. For example, the prevention of child prostitution will be based on information, education and communication to raise public awareness and increase public demand for the cessation of child labour and to alert children themselves, the potential victims, about the implications of their actions. Preventing and reducing child prostitution will focus on poverty and values within communities and on the enforcement of laws against procurers, service establishments and clients of child prostitutes. Relevant NGOs and government staff, particularly the Bangkok Metropolitan Administration and municipalities, will be trained on ways to prevent and detect child prostitution and to protect and rehabilitate children rescued from prostitution. Community leaders and women committee members will become "child-watch"

volunteers to monitor the situation of children in difficult circumstances. The Government will undertake training in appropriate occupational skills to help children who escape from prostitution with rehabilitation and alternative, safe job opportunities.

49. The nature and extent of child labour will be surveyed. This problem appears to be on the rise despite adequate legislation. The Government, UNICEF, the International Labour Organization, employers' organizations, educators and NGOs will form a strong partnership for this effort. Since most child labourers come from poor urban families, which depend partly on the children's income, a family-based approach justifying the value of education will be used to convince parents to allow the children to attend school. Major objectives are to raise the minimum employment age from 13 years to 15 years and to rescue children from hazardous and exploitative working conditions. An important strategy is to empower child workers to be able to protect themselves by raising their awareness of the risks and hazards involved in employment in cities.

50. A major constraint in addressing the problems of children in especially difficult circumstances is the lack of reliable qualitative and quantitative information. Therefore, monitoring systems and indicators will be developed for each of the major groups of children at risk. Policy studies will analyse key issues in depth to promote improved policies and laws which should generate more public support and personal and community action to eliminate child exploitation.

Human immunodeficiency virus/acquired immune deficiency syndrome

51. The HIV/AIDS programme will focus on the prevention of HIV transmission among young people and women of child-bearing age and the promotion of home- and community-based approaches to care for HIV-infected individuals and their families. Through collaboration among NGOs, the Government and other allies, the programme will focus research on young peoples' attitudes, beliefs and behaviour to develop appropriate education and motivational approaches, monitor the progress of behaviour changes in communities and apply the lessons learned. To do this, the capacities of local NGOs will be strengthened and networks will be formed to share experiences.

52. The programme is intended to reach all 19 million children and young persons between 6 and 19 years of age. HIV/AIDS education efforts will target all students in primary, secondary and vocational schools and non-formal education groups. By 1995, life skills modules will be introduced into the school curricula and, by 1998, will be taught in all schools. In cooperation with the private sector, the Ministry of Labour and Social Welfare will establish local resource centres to promote AIDS education in the workplace, especially for out-of-school youth.

53. Thailand has a large and growing NGO community, but only a few NGOs are active in AIDS prevention. The Government and UNICEF will work with over 250 NGOs to sensitize and orient their leaders. A major aim is to increase rapidly the number of NGOs involved with HIV/AIDS prevention, as well as to enhance their skills in planning, implementing and monitoring appropriate, community-based activities. NGOs will help reach communities that are isolated geographically or socially. These include hill tribes, slums, street children

and children forced into prostitution. The major activities will include needs assessments, training of NGO and government staff, training of peer educators and preparation of appropriate communication materials on AIDS prevention.

Planning, monitoring and evaluation

54. Monitoring and evaluation of the status of children will be coordinated by the National Youth Bureau of the Prime Minister's Office in conjunction with sectoral ministries and NGOs. Every six months a report will be presented to the Prime Minister on progress towards the goals of the year 2000, with emphasis on the mid-decade goals during the 1994-1995 period. The Prime Minister's Office will closely monitor progress and will issue guidelines on revised policies and courses of action, when necessary. The National Youth Bureau will prepare an annual report on the state of Thailand's children.

55. While some baseline data and process and impact indicators have already been established, all remaining indicators will be established by 1994 for all projects. These indicators will be monitored through routinely reported data, cluster surveys and sentinel surveillance to verify the data. Surveys will be used to monitor changes in knowledge, attitudes and practices. Evaluations will verify whether the intended outcomes and impact have been achieved. A detailed plan for monitoring, evaluation and operational research activities has been prepared for the five-year period, including an assessment of Thailand's progress in achieving the mid-decade goals. In addition to annual reviews, a mid-term review of the country programme will take place in 1996, and a full evaluation will take place in 1998.

56. Districts in especially underserved rural and urban areas will be selected, where the local government, supported by operational research units from the university system, will work together with communities. The problems and successes of these subdistricts in achieving their goals for children will be shared widely.

Programme management

57. At the national level, the Prime Minister's Office and concerned ministries will coordinate their work to implement this programme nationwide through a steering committee and specific task forces to establish policies, issue guidelines for implementation and monitor that programme objectives are achieved. Provincial governors, city mayors and district and subdistrict leaders, as well as sectoral government staff, will implement and monitor the projects at the village level, together with community-based committees and local NGOs.

58. The Thailand country programme is managed by the Bangkok-based UNICEF Area Office for the Democratic People's Republic of Korea, Malaysia and Thailand, which was separated administratively from the Regional Office for East Asia and the Pacific in 1993. Some area office staff, including the area representative and the operations personnel, serve all three country programmes. Seventeen staff, including Thai nationals (see table 4), serve the Thailand country programme exclusively. The existing staff strength for the 1994-1995 biennium is expected to remain at the current level during the next programme cycle.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Thailand	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	33	(1992)	Middle U5MR
Infant mortality rate	27	(1992)	Middle IMR
GNP per capita	$ 1570	(1991)	Lower-middle GNP
Total population	56.1 Million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	1377	1277	1191	1176
Infant deaths (under 1)	(thousands)	103	60	36	32
Under-five deaths	(thousands)	143	77	43	39
Under-five mortality rate (per 1,000 live births)		104	61	36	33
Infant mortality rate (under 1) (per 1,000 live births)		75	47	30	27

		About 1980	Most recent
Underweight children (under 5)	Moderate & Severe	..	26 a/
(% weight for age, 1987)	Severe	..	4 a/
Babies with low birth weight (%, 1979/1990)		13	13
% of primary school children reaching final grade, 1988)		..	59

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breastfeeding rate (<4 mos.) (%, 1987)	..	4
Timely complementary feeding rate (6-9 mos.) (%, 1987)	..	69
Continued breastfeeding rate (20-23 mos.) (%, 1987)	..	34
Prevalence of wasting (%, 1978/1987)	18	10
Prevalence of stunting (%, 1980/1987)	51	28 b/
Daily per capita calorie supply (% of requirements, 1979-81/1990)	104	103
Total goitre rate (1991)	..	12
Household expenditure All food/cereals (% of total income, 1980-85)	..	30/ 7

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	65
Access to health services	Total	52	90
(% of population1980/1988)	Urban/rural	89 / 44	90 / 90
Access to safe water	Total	43*	77
(% of population, 1980/1991)	Urban/rural	50*/ 41*	87 / 72
Access to adequate sanitation	Total	46	74
(% of population, 1980/1991)	Urban/rural	64 / 41	80 / 72
Births attended by trained personnel (%, 1980/1988)		40	71
Maternal mortality rate (per 100,000 live births, 1985)		..	50

Immunization		1981	1985	1990	1992
One-year olds (%) immunized against:	Tuberculosis	71	80	99	99
	DPT	52	62	92	85
	Polio	22	61	92	84
	Measles	..	26	80	74
Pregnant women (%) immunized against:	Tetanus	27	45	..	72

* UNICEF field office source. a/ aged 3-36 mos. b/ aged 24-35 mos.

TABLE 1 (continued)

Thailand

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	94 / ..	85 / ..
(%, 1980/1990)	Male	100 / ..	86 / ..
	Female	97 / ..	85 / ..
Secondary enrolment ratio (gross/net)	Total	29 / ..	32 / ..
(%, 1980/1990)	Male	30 / ..	33 / ..
	Female	28 / ..	32 / ..
Adult literacy rate, 15 years & older	Total	79	93
(%, 1970/1990)	Male/female	86 / 72	96 / 90
Radio/television sets (per 1,000 population, 1980/1990)		127 / 21	185 /112

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(Millions)	36	47	55	56	61
Population aged 0-15 years	(Millions)	17	20	19	18	17
Population aged 0-4 years	(Thousands)	6468	6344	5584	5563	5030
Urban population (% of total)		13	17	22	24	29
Life expectancy at birth	Total	58	63	68	69	71
(years)	Male	56	61	66	67	69
	Female	60	65	71	72	74
Total fertility rate		5.6	3.6	2.4	2.2	1.9
Crude birth rate (per 1,000 population)		38	28	22	21	17
Crude death rate (per 1,000 population)		10	8	6	6	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1987)		53	66
Population annual growth rate	Total	2.8	1.5
(%, 1965-80/1980-92)	Urban	4.7	4.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		4.4	5.9
Inflation rate (%, 1965-80,'1980-91)		7	4
Population in absolute poverty (%, 1977/1989)	Urban/rural	15 / 34	10*/ 25*
Household income share (%, 1976/1988)	Top 20%/bottom 40%	50 / 15	51 / 16
Government expenditure	Health/education	4 / 20	7 / 20
(% of total expenditure, 1980/1991)	Defence	22	17
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	5 / 5
Official development assistance:	$US millions	418	738
(1980/1991)	As % of GNP	1	1
Debt service (% of goods and services exports, 1980/1991)		5	5

* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

COUNTRY: THAILAND
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $14 000 000

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1993 a/

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1 742	1 341	1 290	675	6	1	1 033	1 071	4 071	3 565	3 088	1 530	7 159	5 095
Nutrition	311	89	339	6			1 607	212	2 257	1 750	307	359	2 564	2 109
Rural water supply and sanitation	76	3	152	148			341	407	569	750	538	600	1 127	1 350
Education	267	340	58	33			1 633	564	1 958	2 375	937	2 620	2 895	4 995
Urban, community organization and development	113	155	154	322			283	582	550	1 206	1 059	1 424	1 609	2 630
Environment										200		300		500
Basic services for deprived children										1 304		2 016		3 320
Women	6		12	6			262	230	280	501	236	608	516	1 109
Childhood disabilities, street children and data base on children and youth	127	45	39	198			150	1 336	316	570	1 579	1 040	1 895	1 610
Communications	39		67				82		188	264			188	264
Planning, programme support, monitoring/ evaluation and freight	289	35	61	4	977	57	1 100		2 427	1 515	96		2 523	1 515
GRAND TOTAL	2 970	2 008	2 172	1 392	983	58	6 491	4 402	12 616	14 000 b/	7 860	10 497 c/	20 476	24 497

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including additional general resources $1 500 000 (E/ICEF/1993/P/L.26).
c/ Of this amount, $2 875 693 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1994 - 1998

(In thousands of United States dollars)

Country: THAILAND **Period covered: 1994 - 1998**	**Funding status**	**1994**	**1995**	**1996**	**1997**	**1998**	**Total**
Health	GR	650	600	250	160	50	1 710
	FSF	700					700
	NSF	400	300	200	200	200	1 300
Nutrition	GR	630	700	250	170	50	1 800
	FSF	133					133
	NSF	400	500	300	250	250	1 700
Basic education	GR	150	150	150	120	150	720
	FSF	256					256
	NSF	250	250	300	300	300	1 400
Children in especially difficult circumstances	GR	150	150	150	150	150	750
	NSF	600	600	500	550	550	2 800
HIV/AIDS	GR	200	200	200	200	200	1 000
	NSF	1 100	1 100	900	1 000	950	5 050
Planning and advocacy	GR	150	150	150	150	150	750
Monitoring and evaluation	GR	200	200	250	250	250	1 150
Programme support	GR	620	600	600	550	500	2 870
TOTAL	GR	2 750	2 750	2 000	1 750	1 500	10 750
	FSF	1 089					1 089
	NSF	2 750	2 750	2 200	2 300	2 250	12 250
GRAND TOTAL		6 589	5 500	4 200	4 050	3 750	24 089

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

THAILAND

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1994-1998 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	PSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	1710			1710								1	1	2		523	523
Nutrition	1800			1800					1		1		1	2	562	132	694
Basic educatica	720			720								1	1	2		523	523
Children in expecially difficult circumstances	750			750								1	1	2		523	523
HIV/AIDS	1000			1000				1			1		1	2	630	132	762
Planning and advocacy	750			750													
Monitoring and evaluation	1150			1150													
Programme support	2870			2870				2			2	1	5	8	1260	1052	2312
TOTAL GR	10750			10750				3	1		4	4	10	18	2452	2885	5337
SUPPLEMENTARY FUNDING																	
Health		700	1300	2000													
Nutrition		133	1700	1833													
Basic education		256	1400	1656									1	1		132	132
Children in expecially difficult circumstances			2800	2800													
HIV/AIDS			5050	5050													
TOTAL SF		1089	12250	13339									1	1		132	132
TOTAL GR & SF				24089				3	1		4	4	11	19	2452	3017	5469
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	Operating costs																
	Staffing b/						2				2	3	13	18	529	4613	5142
GRAND TOTAL (GR + SF + ADM)							2	3	1		6	7	24	37			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1989)										2	6	7	15	N/A	N/A	N/A
	- At the beginning of proposed programme (1994)										6	7	24	37	N/A	N/A	N/A
	- At the end of proposed programme (1998) (Indicative only)										6	7	24	37	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of January 1994.

c/ Project posts are funded for five years; core posts are funded for two years.

Abbreviations: GR = general resources; PSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1994 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Egypt

The Executive Director recommends that the Executive Board approve the country programme of Egypt for the period 1995 to 2000 in the amount of $30,000,000 from general resources, subject to the availability of funds, and $50,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The political leadership in Egypt has consistently demonstrated strong support for the cause of women and children. The signing of the World Summit for Children Declaration and Plan of Action, the ratification of the Convention on the Rights of the Child and the completion of the national programme of action and its incorporation into the country's five-year development plan are prime examples. The Government also has expressed an interest in cooperating with UNICEF in developing a regional concept of zones of peace for children. Egypt has contributed to the adoption of the goals of the World Summit for Children by the Organization of African Unity, the League of Arab States and the Organization of the Islamic Conference. In addition, in 1992 the Government promoted the formulation of the mid-decade goals for the African continent and the Arab region at meetings of the League of Arab States and International Conference for Assistance to African Children in Dakar, Senegal, and Tunis, Tunisia, respectively. Egypt is playing a major role in the global movement to achieve the decade goals for children. The Government was one of the six "initiator" countries of the World Summit for Children.

2. Egypt's commendable contributions to the promotion of child survival and development internationally are matched by major challenges for socio-economic development in the country itself. Family income is failing to keep pace with inflation. The per capita gross national product fell from $710 in 1985 to $610 in 1991, placing Egypt among the group of low-income countries. Unemployment, which was over 2 million in 1986, is rising. One third of the population live in poverty and 5 per cent live in extreme poverty.

3. Implementation of the structural adjustment programme which began in 1990 involves reforms that have only indirectly affected the poor. To reduce the impact on vulnerable groups, the Government in 1991 created the Social Fund for Development, which gives priority to reducing unemployment and alleviating poverty.

4. The country's rapid population growth rate of 2.9 per cent may jeopardize past social progress. Population growth is severely straining the country's resources and making even the maintenance of social services difficult. More effective population policies are needed so that further progress will not be hindered.

5. Egypt has a comprehensive network of social services and a large, educated population. Significant regional disparities in socio-economic development and access to services exist. Services often fail to reach about 30 per cent of the population residing in hamlets and satellite villages who have the lowest income levels. To remedy the situation, the five-year development plan placed increased emphasis on decentralization, but the budget allocations for local jurisdictions have yet to be set. Urban population growth, at twice the national average, has not been matched by expansion of services. About 30 per cent of the urban population reside in slum areas.

6. Egypt ratified the Convention on the Rights of the Child in 1990 and prepared its programme of action in 1992. In this context, the health situation

of children has improved in recent decades. The infant mortality rate (IMR) and under-five mortality rate (U5MR) fell to 43 and 55 per 1,000 live births, respectively, in 1992, from an IMR of 199 and a U5MR of 291 in 1980. Regional variations are significant, with the highest rates in some governorates of Upper Egypt. Acute respiratory infections (ARI) and diarrhoeal disease, resulting from an unsanitary environment and poor hygiene practices, are major causes of child mortality and morbidity. ARI is responsible for 10.2 infant deaths and diarrhoea for 10.7 infant deaths per 1,000 live births annually.

7. The maternal mortality rate (MMR) for 1992 is estimated at 184 per 100,000 live births, with a range of from over 600 in Upper Egypt to around 100 in Lower Egypt. The majority of maternal deaths were due to such preventable factors as delay in seeking medical care, improper referral and inaccurate diagnosis. Only 52 per cent of pregnant women receive antenatal care, and just 18 per cent receive post-natal care. The fertility rate, ranging from 6.7 in Upper Egypt to 2.9 in urban governorates, and short birth spacing contribute indirectly to maternal mortality. Family planning services are widely available and low in cost, suggesting that low acceptance, misuse and socio-cultural norms contribute to the gap between high fertility and a smaller family size.

8. Malnutrition is a widespread problem among children. The incidence of wasting and stunting among children under five years of age is 10 and 30 per cent, respectively. These rates are higher in rural areas and higher in Upper Egypt.

9. Only 54 per cent of all mothers breast-feed exclusively for the first three months. This is attributed to the widespread use of prelacteals and the aggressive marketing of breast-milk substitutes. However, about 970 facilities will achieve the mid-decade Baby-Friendly Hospital Initiative (BFHI) goal, which will make a significant impact in promoting breast-feeding.

10. Iodine deficiency disorders (IDD) are a significant public health problem in four governorates. The prevalence of iron deficiency anaemia among women ranges between 17 and 22 per cent. Iron deficiency anaemia among children aged 12 to 23 months is 38 per cent. The prevalence of vitamin A deficiency is not yet known.

11. Water supply and sanitation services have increased but barely cover annual population increases. Access to safe drinking water in rural Upper Egypt is 45 per cent, compared to 73 per cent nationwide. Access to sanitation is 50 per cent in urban areas and 3 per cent in rural areas. Slum areas of Cairo and Alexandria, which account for 30 per cent of the urban population, suffer from a lack of both water supply and sanitation facilities. Past investment favoured water supply over sanitation and cities over rural areas, thus causing large geographic disparities. For the most part, service delivery has been centralized, with minimal community involvement. As most communities perceive the provision of these services as the responsibility of the Government, local resource mobilization and sustainability are impeded.

12. Egypt has achieved a primary school gross enrolment rate of 98 per cent. It is a significant accomplishment that enrolment has expanded faster than population growth. However, gender disparities in school enrolment remain

significant. School attendance for 6- to 11-year-olds is 14 per cent higher for boys. School attendance for rural girls in Lower and Upper Egypt is 78 and 65 per cent, respectively. Long distances between schools and villages and hamlets, poor teacher performance, traditional teaching methods, outdated curricula and class overcrowding are important factors influencing girls' enrolment and completion rates. Although the share of education in government capital expenditure increased from 3.6 per cent in 1981/82 to 6.3 per cent in 1991/92, more resources have been allocated to higher education at the expense of basic education.

13. There is insufficient information on children in especially difficult circumstances. Further research should focus on the causes and linkages between all aspects of child deprivation in order to formulate effective strategies, improve social policies, increase attention to root causes of deprivation and reverse the generally negative public view of street children and working children.

14. Despite legal prohibition, the employment of children 6 to 12 years of age has been increasing. Working children below 15 years of age total between 1.5 million and 2 million, or more than 11 per cent of the labour force. A recent UNICEF-supported study suggests that poverty and inadequate schooling are the most important causes of child labour.

15. In Cairo, there are 60,000 street children. The Government tends to place street children in juvenile institutions. Estimates of childhood disability vary between 1.5 and 10 per cent of the child population. The Government has adopted an institutional approach to services for disabled children.

16. While Egyptian law provides equal rights to women and men in such areas as education and labour, the gap between legislation and practice is still large. There are important obstacles that prevent women from benefiting from and participating in the development process: a female illiteracy rate of 59 per cent; a gender gap of 14 per cent in primary school enrolment; early marriage of females; genital mutilation of girls aged 7 to 10 years old; and limited employment of women in the formal economic sector. Surveys on health practices reveal that male children receive preferred accessibility to medical services and better nutrition.

17. The mass media is a potentially powerful means of raising public awareness of child survival, development and protection issues. Radio covers all Arab countries and many countries of sub-Saharan Africa. However, only 17 per cent of broadcasting time is devoted to children's programmes. More than 70 per cent of the population watch television daily. There are 12 daily and weekly newspapers, with a total circulation of over 8 million.

18. Other important constraints to development in Egypt include: (a) poor quality of services, owing largely to the low motivation of staff, who are poorly paid; (b) lack of basic services for the urban poor; (c) poor infrastructure; (d) poor management and accounting systems; (e) over-centralization and low levels of accountability; (f) inadequate information for programmes; and (g) heavy reliance on donor support to social programmes.

Therefore, the main challenge is how to help Egypt improve access to and quality of services in its determined drive to reach the goals for the year 2000.

PROGRAMME COOPERATION, 1990-1994

Overview

19. Programme cooperation during the period 1990-1994 reflected the social priorities of the Presidential Declaration, the National Development Plan (1993-1997) and the goals of the national programme of action. The major objectives were to: (a) spotlight the child on the political agenda; (b) halve IMR to less than 50 infant deaths per 1,000 live births; (c) halve MMR to less than 160 maternal deaths per 100,000 live births in Upper Egypt; and, for 1995, (d) eradicate poliomyelitis; (e) virtually eliminate deaths due to neonatal tetanus; (f) reduce measles deaths by 95 per cent; (g) empower families with basic knowledge about their children's health; (h) improve the capacity of governmental and non-governmental services to advocate, deliver and sustain services for children; and (i) involve communities in planning and sustainability of area-based services.

20. Progress has been made towards achieving those objectives. Sustained high-level advocacy has given children priority on the political agenda. A National Council for Childhood and Motherhood (NCCM) was established in 1991. High-impact interventions in the expanded programme on immunization (EPI), control of diarrhoeal diseases (CDD) and ARI have helped to reduce IMR from 61 to 43 per 1,000 live births during the period 1990-1992, and U5MR from 85 to 55 per 1,000 live births during the same period. Poliomyelitis and neonatal tetanus targets appear achievable, but more effort is needed to achieve the targets for measles. Innovative communication and social mobilization show promise for increasing family knowledge on child health and nutrition and are essential for achieving and sustaining the mid-decade goals. Experience gained in participatory area-based approaches for service delivery will increase access, coverage and impact of services related to the decade goals.

21. The country programme was adapted at mid-course to focus more sharply on the achievement of the mid-decade goals. The major adjustments are summarized under the discussions on each programme.

Health

22. Universal child immunization (UCI), achieved in 1987, has been sustained, with immunization coverage at 89 per cent. Tetanus toxoid coverage increased from 63 per cent in 1990 to 70 per cent in 1992, but 30 per cent of pregnant women remain without coverage. Support to EPI included the provision of vaccines, needles and syringes, maintenance of the cold-chain system, training of health staff, coverage surveys and public awareness-raising. The mid-term review recommended addressing pockets of low coverage, particularly in some districts of Upper Egypt, where coverage remains below 50 per cent, and among the urban poor; improving EPI management and supervision; improving reporting on incidence of measles; attaining vaccine self-sufficiency; and raising community

use of immunization services. In 1993, the national budget allocated 19 million Egyptian lire for vaccines to sustain UCI.

23. Cooperation in CDD continued to focus on training and monitoring. The phasing-out of United States Agency for International Development support in 1991 after 10 years resulted in a major reduction in resources for CDD activities. The oral rehydration therapy (ORT) use rate is about 34 per cent. The institutionalization of CDD activities has started, but it needs more organizational stability, sufficient staffing and budgetary resources. The 1992 joint Government/World Health Organization/UNICEF review recommendations being pursued are: revival of public awareness-raising campaigns; improved management and supervision; increased budgetary allocations; and renewed training of health workers.

24. Control of ARI assumed more prominence through the training of subnational health staff and the promotion of standardized case management. The medium-term reviews recommended continued training of health staff, improving the ARI reporting and monitoring system, providing sufficient supply of standardized antibiotics and improving baseline data. Only 20 to 25 per cent of mothers recognize and act on symptoms of severe ARI, underscoring the need for more public education.

25. Safe motherhood concentrated on training dayas (traditional birth attendants). UNICEF cooperation covered Upper Egypt governorates, and the Government and other donors expanded activities nationwide. The mid-term review recommended improving coordination among organizations supporting this project; upgrading obstetric skills of doctors and nurses; integrating dayas into the formal health delivery system by giving them additional responsibilities; supporting policy development; promoting awareness-raising campaigns for safe birth and proper antenatal care; and improving referral systems and family planning services.

26. To help improve and extend service delivery to satellite villages, community participation and decentralizing management of primary health care (PHC) were demonstrated in three selected areas of Assiut governorate. UNICEF supported the revitalization of rural health unit management boards and elected village health committees; the establishment of community-run "health posts" in satellite villages without health services; and the involvement of village health volunteers in raising community-awareness on health issues and strengthening links between health units and communities. This successful demonstration supports policy advocacy for decentralizing PHC management.

Nutrition

27. Nutrition efforts initially supported applied research and nutrition surveillance, the development and production of training and communication materials, and awareness-raising. At mid-cycle, the mid-decade goals and, in particular, breast-feeding promotion and BFHI were added. BFHI began with 100 hospitals in order to develop a methodology for reaching all 970 private, insurance and military maternity facilities. As hospital assessments and staff training are labour-intensive, there is a need for new partners and innovative approaches to achieve the goals. The cessation of free or low-cost provision of

breast-milk substitutes to mothers is a priority; legislation is expected, and monitoring compliance will be a major challenge.

Water supply, environment and sanitation

28. UNICEF supported community-based water supply schemes and family pit latrines. Programme constraints included insufficient community management and hygiene education and inappropriate technology for family pit latrines. The revised strategy strengthens community participation, especially for women, hygiene education and environmental awareness. It was applied successfully in Tema and Manfalout districts of Upper Egypt. Access levels rose with community co-financing reaching 70 per cent of costs. The per capita cost was as low as $6. More effective involvement of women and the integration of hygiene education and environmental awareness, however, have yet to be fully achieved. Yet the revised strategy was relatively successful and the Government adopted this approach nationwide for rural water supply.

Education

29. UNICEF supported advocacy for girls' education and small-scale early childhood development interventions. With the Government giving higher priority to education, UNICEF expanded its involvement after the mid-term review with an effort to reach girls in satellite villages of Upper Egypt and to support innovation and reform in formal primary education, including early childhood development. New, community-managed schools in Upper Egypt are producing higher enrolment rates for girls. Innovative curricula, teaching methods and learning materials are being incorporated into the formal primary system as well. UNICEF supported efforts to improve the quality of statistics so as to strengthen advocacy, more accurately monitor progress towards the goals for the year 2000 and help with the preparation of a national strategy for reaching those goals.

Children in especially difficult circumstances

30. The success of the project for working children in Alexandria, and of follow-up advocacy related to monitoring and reporting on the Convention on the Rights of the Child, have helped to increase the interest of NCCM and non-governmental organizations (NGOs). Cooperation with NGOs and research institutes was initiated to analyse the situations of children in especially difficult circumstances. Studies and workshops helped to sensitize policy makers, but more follow-up with programming is needed. Following the 1992 earthquake, UNICEF helped to enhance the capacity of the Red Crescent Society to mobilize NGOs to assist children affected by natural disasters.

Women in development

31. The women in development programme focused initially on rural credit, basic life skills and information development. Constraints included the limited capacities of implementing agencies and the lack of mechanisms for targeting and monitoring. As a result of the mid-term review, the role of governorates in women's education has grown, coverage has broadened to include the urban poor in Cairo and Alexandria, and community-based interventions now include literacy programmes for women in urban areas and awareness and advocacy activities. The

Ministry of Social Affairs started credit services for poor women, based on the Bangladesh Grameen Bank model, in selected villages in Upper Egypt and among the poor in Alexandria. The Social Fund for Development will replicate this model in Upper Egypt.

Area-based programmes

32. As a result of the mid-term review and government policy to increase community involvement, programmes at the governorate level were reoriented to give communities a greater role in decision-making. In linking policy formulation and innovative community-based approaches in rural and urban areas, the Government is replicating community approaches on a broader scale. These approaches include better use of existing institutions, capacity-building of NGOs and other local partners and the integration of sectoral, national programmes with community efforts. Where communities have been empowered to plan, implement and manage projects, the results are encouraging, even though communities have only modest financial resources. For example, it has been shown that universal access to a safe water supply can be achieved with community participation.

Communications

33. Communication activities promoted Facts for Life messages, basic life skills and knowledge and a variety of supporting materials through the mass media, NGOs and other grass-roots organizations. For example, the mass media helped to sustain EPI coverage. Following the mid-term review, materials and communication packages were developed for policy makers and other audiences to promote community participation and key global and national goals for children. A new component on Education for Peace also was added.

Monitoring and evaluation

34. Ethnographic studies on CDD and ARI yielded important information on household knowledge, attitudes and practice and led to better-focused communications. Studies also addressed the effects of structural adjustment on vulnerable groups. A social monitoring system was established in the governorate of Assiut in collaboration with NCCM and the Central Agency for Public Mobilization and Statistics (CAPMAS), and national targets were translated into local targets. The mid-term review underlined the need to build national capacity in monitoring and evaluation, improve gender-disaggregated data, decentralize data collection and analysis and improve information exchange among partners.

Fund-raising

35. Several donors have supported supplementary-funding programmes for reaching disadvantaged women and children. One donor has agreed to channel reimbursements of a loan to cover local costs of a UNICEF-supported project awaiting supplementary funds. Fund-raising for the programme will continue to focus on (a) promoting restructuring of government and donor funding in favour of activities related to goals and conventions; (b) increasing the interests of

international financing institutions in parallel programming; and (c) increasing private sector participation and local resource mobilization.

Lessons learned from the mid-term review

36. In addition to those already cited, other major lessons were: (a) continue the basic structure and priorities of the programme; (b) consolidate successes in high-impact child survival interventions so as to strengthen sustainability; (c) explore more innovative approaches to basic education and area-based programming centred on community participation to support nationwide programmes and projects; (d) cultivate more focused community participation, especially of women; (e) prioritize gender-related interventions in all programmes; and (f) address increasing urbanization among the poor.

Country programme preparation process

37. The situation analysis for women and children was updated with the cooperation of CAPMAS and the support of Egyptian experts. The comprehensive mid-term review held in May 1992 marked the beginning of the programme planning process with the Government and participation of United Nations agencies, international and local NGOs, donors and universities. In developing a strategy and master plan of operations, government participants convened working groups to prepare programmes and endorse draft plans of operation. A strategy meeting with the Government, UNICEF headquarters staff, UNICEF regional office staff and other donor agencies endorsed the overall strategy.

38. Concurrently, UNICEF and government partners prepared a work plan for achieving the mid-decade goals and to promote the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as these are important parts of the strategic framework of the new cooperation. Joined together, the work plan for the mid-decade goals, which began in 1993, and the country programming exercise have helped to support the Government's plan to prioritize children's needs, especially to achieve the World Summit goals by the year 2000.

RECOMMENDED PROGRAMME COOPERATION, 1995-2000

General resources: $30,000,000

Supplementary funding: $50,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	10 152	12 000	22 152
Water supply, environment and sanitation	5 076	15 500	20 576
Education	4 230	6 600	10 830
Area-based community development	5 076	11 000	16 076
Women in development c/	1 128	1 800	2 928
Communication	1 410	1 500	2 910
Monitoring and evaluation	1 128	1 600	2 728
Programme support and management	1 800	-	1 800
Total	30 000	50 000	80 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary-funding projects shown in table 3.

c/ Women in development is also an important element of the sectoral and area-based programmes.

39. The global decade goals, the national goals contained in the Presidential Declaration and the national programme of action, the Convention on the Rights of the Child and CEDAW provide the broad programme framework for cooperation. There will be seven major programme areas: health and nutrition; water supply, environment and sanitation; education; area-based community development; women in development; social mobilization and communication; and monitoring and evaluation.

40. The major objectives are: (a) to reduce IMR by one fourth, from 43 per 1,000 live births (1992) to 37 by 1995 and 33 by 2000; (b) to reduce U5MR by one fourth, from 55 per 1,000 live births (1992) to 48 by 1995 and 42 by 2000; (c) to reduce MMR by one third, from 184 per 100,000 live births (1992) to 121 by 2000; and (d) to raise the quality of life of Egyptian children and women.

41. Sustaining gains already achieved, particularly in such health areas such as EPI and CDD, will be a priority strategy. The programme will continue to focus geographically on Upper Egypt (high IMR governorates) to help reduce disparities in service access and coverage; this will be crucial to achieving programme of action objectives. Satellite villages will be targeted for services in the four governorates of Upper Egypt (Assiut, Sohag, Qena and Aswan), the slum areas of Cairo and Alexandria and the resettlement areas for earthquake victims. Priority target groups will include girls, female-headed households and the poor and vulnerable.

42. The country programme will consist of three interrelated, mutually reinforcing programme clusters: (a) a national sectoral cluster; (b) cross-cutting interventions; and (c) area-based, decentralized and integrated interventions. The national sectoral cluster will remain the main thrust and includes health, education and water supply, environment and sanitation for increased service delivery, capacity-building and sustainability. The cross-cutting interventions comprise communications; women in development; monitoring and evaluation; advocacy for children and gender issues; and building nationwide support for programme of action goals. The area-based interventions emphasize equity and community participation by focusing on underserved populations and successful programmes for replication nationwide.

Health and nutrition

43. The programme consists of eight projects: PHC revitalization; EPI; CDD; control of ARI; safe motherhood; control of the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS); health information management; and nutrition.

44. Revitalization of PHC will aim at improving the efficiency, quality, coverage and convergence of PHC services at both national and subnational levels. At the national level, UNICEF will (a) help to strengthen the Health Sector Council, headed by the Minister of Health, to direct the upgrading of PHC; (b) advocate budget redistribution in favour of PHC; and (c) support decentralization of PHC management, e.g., develop district health systems and upgrade medical and nursing training. At the subnational level, UNICEF will continue to promote the revitalization of rural health unit management boards and elected village health committees and support the training of board and committee members in village health planning. New "health posts" will be supported in satellite villages without health services. In addition, the number of village health volunteers will be increased to raise community awareness of health issues and strengthen links between the health unit and the community. Improvement of district health information systems, training of local health staff and upgrading of local PHC facilities will also be supported.

45. EPI objectives include: (a) sustaining national immunization coverage of infants against the six vaccine-preventable diseases at 90 per cent and increasing coverage to at least 80 per cent in all underserved districts; (b) attaining poliomyelitis-free status by end-1995 and eradicating polio by 2000; (c) eliminating neonatal tetanus by 1995 and sustaining this achievement; (d) reducing, by 1995, measles deaths and cases by 95 and 90 per cent, respectively, and sustaining these levels; (e) increasing immunization coverage

of pregnant women against tetanus to 90 per cent by 1995 and sustaining that coverage; and (f) immunizing all women of child-bearing age with more than two doses of the tetanus toxoid vaccine in the seven governorates with a high incidence of neonatal tetanus.

46. UNICEF will provide support for nationwide awareness-raising campaigns, vaccines and other EPI supplies, the training of health workers, strengthening of supervision and the establishment of a community-based system to detect and refer drop-outs to vaccination centres. For coverage in underserved districts and in satellite villages, UNICEF will assist mini-campaigns and outreach teams to train local health authorities in EPI management and promotion and add new "health posts" in remote villages and towns.

47. For children under five years of age suffering from diarrhoea, the CDD project seeks to increase ORT coverage and continued feeding to 80 per cent by 1995. UNICEF will support increasing awareness of diarrhoea prevention, changing harmful treatment practices and promoting the rational use of drugs. Coordination of CDD and maternal and child health (MCH) activities will be sought at all levels. Subnational efforts will include decentralization of project management, in-service training of health care providers and linkage with water supply and sanitation activities in the same villages.

48. The control of ARI project will prepare 90 per cent of public service doctors and nurses for proper case management. In addition, through public awareness campaigns, 80 per cent of mothers will be able to improve their efforts to prevent ARI and undertake early detection and referral. Health staff from Aswan, Sohag and Qena will be trained in planning, monitoring and evaluation. Furthermore, mass media, medical colleges, associations of health professionals and NGOs, including the Women's Medical Association, will be mobilized.

49. The objectives of the safe motherhood project are to reach 80 per cent of parents with information to promote safe delivery and birth spacing. UNICEF will support (a) expanding daya training in Aswan, Assiut, Sohag and Qena and (b) broadening the roles of dayas in the promotion of family planning, ORT, immunization, birth spacing and community health. Communication and education activities will include the promotion of family planning and increasing the demand for, and utilization of, MCH services. Training for health staff in the target governorates will cover practical obstetrical care, referral and family planning.

50. The control of the HIV/AIDS project will help to promote prevention, in cooperation with NGOs. Support will be provided to help design and disseminate media messages, train health professionals to promote prevention, sponsor awareness seminars for students, incorporate messages in school curricula and inform media producers, writers and directors to bring about more effective media coverage. Special emphasis will include counselling, group discussions and reaching high-risk groups.

51. Health information systems will be upgraded at national and subnational levels through improved monitoring of national programme of action goals, operational research to strengthen strategic planning, management to improve

programme performance and decentralization. MCH surveillance will expand to remote areas, and the surveillance system for EPI and CDD will be broadened to other MCH services, with support to national and subnational surveys and training of subnational health staff in record-keeping, reporting and data processing.

52. Efforts in nutrition will reduce the incidence of severe and moderate malnutrition among children under five by one half through: (a) empowering women to breast-feed exclusively for four to six months and to continue breast-feeding with supplementary feeding for up to two years or more; (b) qualifying all hospitals and maternity facilities as baby-friendly; (c) ensuring universal iodization of salt by 1995 and virtual elimination of IDD by the year 2000; (d) promoting and monitoring sustainable growth in PHC facilities by 2000; (e) reducing iron deficiency anaemia in women and pre-school-age children by one third; and (f) reducing the incidence of low birth weight to under 10 per cent. UNICEF will assist the training of doctors and nurses, breast-feeding promotion campaigns, community-support groups for lactating mothers, public education on the mid-decade goals, and assessments of the prevalence of vitamin A deficiency and incidence of low birth weight.

Water supply, environment and sanitation

53. This programme will help to increase access to safe drinking water and proper sanitation facilities to 85 per cent and 40 per cent of the population, respectively, through (a) community-based water supply; (b) integrated water supply, sanitation, hygiene promotion and environmental awareness; and (c) national advocacy, information and capacity-building. The programme will focus mainly on capacity-building and advocacy by demonstrating cost-efficient, sustainable, replicable and community-based approaches for these services. Service delivery will cover 2.5 million persons in the satellite villages and urban slum areas of Sohag, Assiut, Qena and Aswan governorates.

54. The first project will benefit 1.8 million persons in satellite villages and urban slum areas and will (a) support sustainable, community-based, small water systems and hand-pumps and (b) increase the technical management capacity of the rural water supply sector, operations and maintenance and promote community mobilization and women's involvement. Community members, including women, will form village implementation committees. Training will cover local government staff, village committees and other key personnel. A system for local resource mobilization will be established.

55. The second project will reach 700,000 persons with an integrated package of community-based water supply schemes, excreta and waste water disposal facilities, and environmental awareness and basic information on personal and environmental hygiene. Communities will participate in site selection, management, maintenance and selection of culturally acceptable systems. Training will help village committees and local technical staff to promote community participation. Participants will contribute a minimum of 30 per cent of the investment cost. Hygiene education and environmental awareness campaigns will cover villages in parallel with construction activities.

56. The third project will increase government funding for water supply, environment and sanitation in deprived areas by replication of these community-based approaches at the national level. Information on successful, innovative community-based projects will be disseminated at national symposia and seminars for government officials and other donors. Experience exchange and operational research on key sector issues will also be supported.

Education

57. The education programme will focus on (a) primary education; (b) early childhood development; (c) information and advocacy; and (d) women's functional literacy and life skills to support achievement of the national programme of action education goals.

58. The primary education project aims to enrol 100,000 girls in 3,000 community schools in targeted satellite villages. This will narrow the gender gap in enrolment to 5 per cent in Upper Egypt. These community schools, as part of the community schools initiative, will demonstrate and promote replicability nationwide. The project also will develop innovative learning and evaluation methodologies that will be applicable in the formal education system. Graduates will be as qualified as those from the formal primary schools. Community-based "education committees" will run the schools. UNICEF also will support revamping formal teacher training accordingly.

59. The objective of early childhood development is to equip 80 per cent of child-care workers with crucial knowledge and skills on early childhood growth and development. Videos on the development of children in the first six years of life will be produced and broadcast on national television and in community orientations. Two persons in each community schools initiative area will be trained as facilitators and promoters. The design of innovative kindergarten teacher-training methods and materials will be supported. UNICEF will assist with incorporating components on the physical and cognitive development of children into PHC training for health workers and into school curricula for students to promote early childhood development.

60. UNICEF support to upgrade information management for advocacy, policy-making and monitoring of Education for All goals will include policy workshops and symposia for promoting the replication of the community schools initiative and communication activities to marshal more public support in favour of girls' education. Policy analysis and studies will focus on increasing school enrolment, reducing drop-out rates, promoting student achievement and identifying and mapping underserved areas.

61. Literacy services will cover 25 per cent of illiterate women and improve the quality and relevance of the national literacy programme. As in early childhood development, these women will be trained as literacy facilitators upon achieving basic literacy. Support to national literacy activities will include designing innovative teacher-training methods, materials and curricula on basic life skills and knowledge.

Area-based community development

62. This programme comprises (a) rural community development; (b) urban community development; and (c) children in especially difficult circumstances. It will help to reduce disparities, decentralize service delivery and improve equity in resource allocation for services. Priorities will include developing local expertise, increasing the role of communities in decision-making and monitoring of NPA goals locally. Models for community participation will be developed in satellite villages and urban slums for wide replication.

63. Rural community development services will reach 1.3 million persons in eight districts of Assiut, Sohag and Qena. Support will help communities to establish local policy and decision-making structures, with strong representation of women, and to train local government staff, NGOs and leaders in planning. Working through the local decision-making structures, UNICEF will also assist with the delivery of programmes, e.g., EPI and credit for poor women based on the Bangladesh Grameen Bank model. Research and advocacy will be supported for developing a rural social development policy based on these community action-for-children models.

64. Urban community development services will cover 1.25 million persons in eight urban slums of Cairo and Alexandria governorates. Neighbourhood committees will establish priority services for children and women, as with rural community development. Advocacy for poverty alleviation, through the development of an urban social policy linked to economic and physical development planning, will be a national priority.

65. The project for children in especially difficult circumstances will focus on working children, street children, disabled children and children affected by natural disasters. The objectives are to create nationwide awareness of the situation and causes of children in especially difficult circumstances and to improve services for 30 per cent of these children in urban slums. Advocacy will improve the quantity and quality of information on them for better policy-making and legislation. Community-centred services will be demonstrated and credit for female heads of household will lessen dependence on child labour. In addition, the prevention of childhood disability will be promoted with government organizations and NGOs. Disaster response and preparedness measures for the United Nations system and NGOs will be supported. Finally, Egypt's special role in promoting the peace process will be utilized to establish zones of peace for children in the Middle East.

Women in development

66. The country programme incorporates women's concerns in all programmes. Therefore, this programme will help to improve adherence to conventions and agreements ratified by the Government that promote women's access to resources and services and strengthen their roles as decision makers in reaching mid- and end-decade goals. Coverage will coincide with the area-based community development programmes in Assiut, Qena and Sohag governorates and urban slum areas of the Alexandria and Cairo governorates. This programme will consist of research and advocacy to mobilize policy makers, planners, parliamentarians and NGOs; the development of a national programme of action for the coming five-year

national plan; and the strengthening of the institutional and information bases on Egyptian women and girls.

67. The women's rights project seeks to encourage government institutions and women's NGOs to advocate and monitor implementation of CEDAW and the Convention on the Rights of the Child. Support will cover a review of legislation affecting women, as well as improved school curricula and media packages to promote positive images of women. Government, NGOs and research institutes and universities will prioritize gender issues in their plans, policies, programmes, curricula and training. Gender policy units will be established in the ministries of planning and local administration and in the governorates of Alexandria and Assiut.

Communication

68. This programme will help to persuade decision makers to increase national resource allocations for social programmes. All programmes will be assisted to strengthen support of the national programme of action goals through development of complementary communications strategies.

69. The programme will comprise three projects. An advocacy project will promote political and public support for achievement of the goals and adherence to the conventions. Activities will address decision makers, public leaders, media personalities and professional associations through research and seminars on legislation, advocacy for the reallocation of resources, and various events to support a national dialogue on participatory development. The life skills and knowledge project will raise public awareness of Facts for Life messages and promote Education for Peace, e.g., respect for the rights of others. Support will include developing communication and training packages for target audiences and a household knowledge, attitudes and practice information base related to these issues. The communications support project will help to strengthen communications in sectoral programmes and promote collaboration among the Government, UNICEF, donors, mass media, NGOs, research institutions and others.

Monitoring and evaluation

70. Monitoring and evaluation capacity will be strengthened nationwide to help accelerate progress towards achieving national programme of action goals and other goals for women and children. This programme, therefore, addresses two government priorities: (a) establishment of information support centres in all governorates and (b) preparation of human development profile.

71. The programme will have three projects. The information and monitoring project will support such national agencies as NCCM and CAPMAS to establish a national monitoring and evaluation system for the programme of action and improve strategies to achieve the decade goals. District units also will be assisted. The operational research and evaluation project will strengthen the ability of Government and other partners to evaluate programmes and use the results of evaluations, studies and research. Priority research will include ways to operationalize the programme of action at the local level; promote participatory development approaches; and minimize the adverse impact of structural adjustment on the poor. Area-based programme activities will include

(a) training in monitoring and evaluation for local agencies, NGOs, communities and research institutions; (b) situation analyses of women and children in target areas; (c) documentation of integration and convergence of sectoral programmes; and (d) development of local monitoring and evaluation plans.

Programme support and management

72. In planning this cooperation, such new partners as the Social Fund for Development, universities and research institutions, national and local banks and the People's Assembly have participated. Cooperation also is being intensified with NGOs, professional groups, civic organizations, human rights organizations, media and religious groups and the private sector through such groups as Rotary International.

73. Linked by the Human Development Initiative, the United Nations Development Programme, the United Nations Population Fund and UNICEF have established a formal working relationship. The Convention on the Rights of the Child and CEDAW were introduced as a framework for programme development. UNICEF cooperation with the governorate of Assiut has provided a basis for developing a unified United Nations country strategy for Egypt. Finally, linkages with the United Nations family and other donors have been strengthened through the planning of each of the seven programmes.

74. The staffing of the UNICEF office in Egypt will be expanded to respond to the challenges of this cooperation: (a) two National Officer posts and one General Service post will be added to address cross-cutting strategies, women in development and gender concerns in all programmes, social mobilization, communications and operational research; (b) one National Officer post and one General Service post will be added to strengthen health and nutrition, basic education and water supply and sanitation programmes; (c) five National Officer posts and nine General Service posts will be added for area-based and children in especially difficult circumstances programmes and to outpost a minimal staff to priority locations; and (d) two General Service posts will be added to strengthen operations. The cost of additional staff, mostly outposting to priority locations, will be supported mainly from supplementary funds. The staff changes proposed represent an increase in total staff from 54 to 72.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Egypt	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	55	(1992)	Middle U5MR
Infant mortality rate	43	(1992)	Middle IMR
GNP per capita	$ 610	(1991)	Low-income GNP
Total population	54.8 Million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	1308	1618	1735	1732
Infant deaths (under 1)	(thousands)	201	199	92	74
Under-five deaths	(thousands)	306	291	121	95
Under-five mortality rate (per 1,000 live births)		234	180	70	55
Infant mortality rate (under 1) (per 1,000 live births)		154	123	53	43

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1991)	Moderate & Severe	11	10
	Severe	1	3
Babies with low birth weight (%, 1979/1990)		14	10
% of primary school children reaching final grade, 1988)		..	95

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breastfeeding rate (<4 mos.) (%, 1991)	..	38
Timely complementary feeding rate (6-9 mos.) (%, 1991)	..	52
Continued breastfeeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (%, 1978/1991)	3	4
Prevalence of stunting (%, 1980/1991)	34	32
Daily per capita calorie supply (% of requirements, 1979-81/1990)	121	132
Total goitre rate (1991)	..	5
Household expenditure All food/cereals (% of total income, 1980-85)	..	49/ 10

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	34
Access to health services	Total	..	..
(% of population)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	75	90
(% of population, 1980/1990)	Urban/rural	88 / 64	95 / 86
Access to adequate sanitation	Total	..	50
(% of population, 1980/1990)	Urban/rural	.. / 10	80 / 26
Births attended by trained personnel (%, 1992)		..	41
Maternal mortality rate (per 100,000 live births, 1983)		270	..

Immunization		1981	1985	1990	1992
One-year olds (%) immunized against:	Tuberculosis	71	84	88	92
	DPT	82	95	87	89
	Polio	84	95	87	89
	Measles	65	74	86	89
Pregnant women (%) immunized against:	Tetanus	10	8	63	70

TABLE 1 (continued)

Egypt

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	78 / ..	98 / ..
(%, 1980/1990)	Male	90 / ..	105 / ..
	Female	65 / ..	90 / ..
Secondary enrolment ratio (gross/net)	Total	54 / ..	82 / ..
(%, 1980/1990)	Male	65 / ..	92 / ..
	Female	41 / ..	71 / ..
Adult literacy rate, 15 years & older	Total	35	48
(%, 1970/1990)	Male/female	50 / 20	63 / 34
Radio/television sets (per 1,000 population, 1980/1990)		145 / 34	324 /109

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(Millions)	33	41	52	55	65
Population aged 0-15 years	(Millions)	14	17	22	23	24
Population aged 0-4 years	(Thousands)	5013	6304	7587	7665	7999
Urban population (% of total)		42	44	44	44	46
Life expectancy at birth	Total	51	55	60	61	65
(years)	Male	50	54	59	60	65
	Female	52	57	62	63	67
Total fertility rate		6.0	5.2	4.3	4.2	3.5
Crude birth rate (per 1,000 population)		40	39	33	32	27
Crude death rate (per 1,000 population)		17	13	10	9	8

		About 1980	Most recent
Contraceptive prevalence rate (%, 1980/1992)		25	47
Population annual growth rate	Total	2.2	2.5
(%, 1965-80/1980-92)	Urban	2.7	2.5

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		2.8	1.9
Inflation rate (%, 1965-80/1980-91)		8	13
Population in absolute poverty (%, 1978/1984)	Urban/rural	21 / ..	34*/ 34*
Household income share (%, 1974/1984)	Top 20%/bottom 40%	48 / 16	41*/ 21*
Government expenditure	Health/education	.. / ..	3 / 13
(% of total expenditure, 1989)	Defence	..	13
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / 6
Official development assistance:	$US millions	1387	4638
(1980/1991)	As % of GNP	6	14
Debt service (% of goods and services exports, 1980/1991)		15	17

* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1994 a/

COUNTRY: EGYPT
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $21 450 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
									Actual	Planned	Actual	Planned	Actual	Planned
	GR	FSF	GR	FSF	GR	FSF	GR	FSF						
Health services	6 480	2 597	436		171		2 370	153	9 457	13 349	2 750	4 280	12 207	17 629
Drinking water supply and sanitation	359	431	31		324	3	850	643	1 564	1 903	1 077	2 285	2 641	4 188
Education	32		71				153		256	300			256	300
Community organization and development	33	6		15			289	50	322		71		393	
Women's development and education	359	48	345	181	142	67	1 170	622	2 016	3 017	918	1 300	2 934	4 317
Children in especially difficult circumstances	85			8	80		89	19	254	604	27	100	281	704
Child monitoring and evaluation	58		8		49		363		478	862			478	862
Programme communication	364	22			198		749	128	1 311	1 020	150	500	1 461	1 520
Programme support	46				218		327		591	395			591	395
Emergency	237						73		310				310	
GRAND TOTAL	8 053	3 104	891	204	1 182	70	6 433	1 615	16 559	21 450 b/	4 993	8 465 c/	21 552	29 915

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including additional general resources $4 450 000 (E/ICEF/1993/P/L.26).
c/ Of this amount, $5 035 947 remains unfunded.

/...

TABLE 3. PLANNED EXPENDITURE, 1995 - 2000

(In thousands of United States dollars)

Country: EGYPT **Period covered: 1995 - 2000**	**Funding status**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health and nutrition	GR	1 692	1 692	1 692	1 692	1 692	1 692	10 152
	NSF	3 000	2 700	2 300	1 400	1 300	1 300	12 000
Water, environment and sanitation	GR	846	846	846	846	846	846	5 076
	NSF	1 906	2 213	2 598	2 826	2 835	3 122	15 500
Education	GR	705	705	705	705	705	705	4 230
	NSF	800	900	1 100	1 200	1 300	1 300	6 600
Area-based community development	GR	846	846	846	846	846	846	5 076
	NSF	1 650	1 700	1 775	1 850	1 960	2 065	11 000
Women in development	GR	188	188	188	188	188	188	1 128
	NSF	300	300	300	300	300	300	1 800
Communication	GR	235	235	235	235	235	235	1 410
	NSF	250	250	250	250	250	250	1 500
Monitoring and evaluation	GR	188	188	188	188	188	188	1 128
	NSF	250	250	275	275	275	275	1 600
Programme support	GR	300	300	300	300	300	300	1 800
TOTAL	GR	5 000	5 000	5 000	5 000	5 000	5 000	30 000
	NSF	8 156	8 313	8 598	8 101	8 220	8 612	50 000
GRAND TOTAL		13 156	13 313	13 598	13 101	13 220	13 612	80 000

GR = General resources.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

EGYPT

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1995-2000 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health and nutrition	10152			10152								4	2	6		833	833
Water, environment and sanitation	5076			5076								4	1	5		788	788
Education	4230			4230								1	1	2		261	261
Area-based community development	5076			5076								1	1	2		206	206
Women in development	1128			1128								1	1	2		273	273
Communication	1410			1410								1	2	3		300	300
Monitoring and evaluation	1128			1128			1				1	1	1	3	645	205	850
Programme support	1800			1800					1		1	1	5	7	528	480	1008
TOTAL GR	30000			30000			1		1		2	14	14	30	1173	3346	4519
SUPPLEMENTARY FUNDING																	
Health and nutrition			12000	12000													
Water, environment and sanitation			15500	15500													
Education			6600	6600													
Area-based community development			11000	11000								1	1	2		217	217
Women in development			1800	1800													
Communication			1500	1500													
Monitoring and evaluation			1600	1600													
Programme support													3	3		170	170
TOTAL SF			50000	50000								1	4	5		387	387
TOTAL GR & SF				80000			1		1		2	15	18	35	1173	3733	4906
ADM. AND PROGRAMME SUPPORT BUDGET (Projected, 1994-1995)	Operating costs			648													
	Staffing b/			1136		1	1				2	2	13	17	557	579	1136
GRAND TOTAL (GR + SF + ADM)						1	2		1		4	17	31	52			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1989)										3	12	28	43	N/A	N/A	N/A
	- At the beginning of proposed programme (1995)										4	17	31	52	N/A	N/A	N/A
	- At the end of proposed programme (2000) (Indicative only)										4	25	44	73	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years; core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.